					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR							
19120	MALI	PRIMARY PROCEDURE	19120		\$ 669.75	\$ 669.75	\$ 669.75	\$ 669.75
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available		not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF							
29826	SUBAC	PRIMARY PROCEDURE	29826		\$ 270.84	\$ 270.84	\$ 270.84	\$ 270.84
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH						
		ROTATOR CUFF REPA ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-	29827		\$ 1,717.87	\$ 1,717.87	\$ 1,717.87	\$ 1,717.87
		T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM,	31,13				available	
		500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250		not available	not available	not available	not available
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION,						
		ROPIVACAINE						
		HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available
			32730				1.00 0.00.00	1100 0 0 0 10
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE	33010				1100 010110210	
		INFUSION, UP TO						
		1000 CC	J7120		not available	not available	not available	not available
		1000 00	37120				1.00 010.100.10	
	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY							
29881	(MEDIAL	PRIMARY PROCEDURE	29881		\$ 882.10	\$ 882.10	\$ 882.10	\$ 882.10
		ANESTHESIA FOR						
		OPEN OR SURGICAL						
		ARTHROSCOPIC						
		PROCEDURES	01400		not available	not available	not available	not available
		INJECTION,						
		CEFAZOLIN SODIUM,						
		500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,						
		KETOROLAC						
		TROMETHAMINE, PER						
		15 MG	J1885		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO						
		1000 CC	J7120		not available	not available	not available	not available
	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE							
42820	12	PRIMARY PROCEDURE	42820		\$ 471.40	\$ 471.40	\$ 471.40	\$ 471.40
		ANESTHESIA FOR					0	
		INTRAORAL						
		PROCEDURES,						
		INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		LEVEL III - SURGICAL			1 1 2 2 2 3 2			
		PATHOLOGY, GROSS						
'								

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE, 1 MG	J1100		not available	net eveileble	net eveileble	nat available
		INJECTION,	J1100		not available	not available	not available	not available
		MORPHINE SULFATE,						
		UP TO 10 MG	J2270		not available	not available	not available	not available
		INJECTION,						
		MORPHINE SULFATE,						
		PRESERVATIVE-FREE						
		FOR EPID	J2274		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER	10.405					
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE						
		HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INFUSION, NORMAL	32703		Tiot available	not available	not available	not available
		SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION,						
		250 CC	J7050		not available	not available	not available	not available
		ALBUTEROL,						
		INHALATION						
		SOLUTION, FDA-						
		APPROVED FINAL	17640				9.1.1	
		PROD	J7613		not available	not available	not available	not available
	ESOPHAGOGASTROD							
	UODENOSCOPY,							
	FLEXIBLE,							
43235	TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		\$ 194.44	\$ 194.44	\$ 194.44	\$ 194.44
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL	12040		not available		9.11	
	ESOPHAGOGASTROD	CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	UODENOSCOPY,							
	FLEXIBLE,							
43239	TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		\$ 218.81	\$ 218.81	\$ 218.81	\$ 218.81
			.5233		, 213.01	, 213.01	, 213.01	, 213.01
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INVECTION SENTANCE						
		INJECTION, FENTANYL	12040		mak sussiled to	mak sustilat t	mak a!l=1.1.	mat a! = 1
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE* EFFECTIVE JANUARY 1, 2023

UPDATED AS OF 12/15/2022

					1)	THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category COLONOSCOPY,	Description	Code	Note	Pro	fessional**	Professional**	Professional**	Professional**
	FLEXIBLE; DIAGNOSTIC,								
45378	INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		\$	291.21	\$ 291.21	\$ 291.21	\$ 291.21
13370	COLLEGIION	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	13370		7	231.21	V 251.21	7 251.21	V 231.21
		1 MG	J2250			not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR								
45380	MULTIPLE	PRIMARY PROCEDURE	45380		\$	316.38	\$ 316.38	\$ 316.38	\$ 316.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS	00205		,	F0 00	¢ 50.00	ć 50.00	ć 50.00
		AND MICROSCOPIC EX INJECTION,	88305		\$	59.09	\$ 59.09	\$ 59.09	\$ 59.09
		MIDAZOLAM HYDROCHLORIDE, PER							
		1 MG	J2250			not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF	CITRATE, U.I IVIG	35010			not available	not available	not available	not available
45385	TUMOR(S), POLYP(PRIMARY PROCEDURE	45385		\$	401.56	\$ 401.56	\$ 401.56	\$ 401.56
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR							
		MULTIPLE	45380		\$	316.38	\$ 316.38	\$ 316.38	\$ 316.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER							
		1 MG	J2250			not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC								
45391	ULTRASOUND EXAMI	PRIMARY PROCEDURE COLONOSCOPY,	45391		\$	407.08	\$ 407.08	\$ 407.08	\$ 407.08
		FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$	316.38	\$ 316.38	\$ 316.38	\$ 316.38
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$	46.44	\$ 46.44		

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION,						
		SUCCINYLCHOLINE CHLORIDE, UP TO 20						
		MG	J0330		not available	not available	not available	not available
		INJECTION,	30000		not aranasic		not a tanasic	
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION,						
		METOCLOPRAMIDE						
		HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	LAPAROSCOPY,							
	SURGICAL;							
47562	CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 1,050.79	\$ 1,050.79	\$ 1,050.79	\$ 1,050.79
		ANESTHESIA FOR						
		INTRAPERITONEAL PROCEDURES IN						
		UPPER ABDO	00790		not available	not available	not available	not available
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC E	88304		\$ 17.97	\$ 17.97	\$ 17.97	\$ 17.97
		INJECTION, CEFOXITIN						
		SODIUM, 1 GM	J0694		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION,	31100		not available	not available	not available	not available
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION,	J2 4 U5		not available	not available	not available	HOL AVAIIADIE
		NEOSTIGMINE						
		METHYLSULFATE, UP						
		TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO						
		1000 CC	J7120		not available	not available	not available	not available

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
Couc	Service category	GLYCOPYRROLATE,	couc	Hote	riolessional	Troressional	Troressional	Troicisional
		INHALATION						
		SOLUTION,						
		COMPOUNDED						
		PRODUCT	J7642		not available	not available	not available	not available
	REPAIR INITIAL							
	INGUINAL HERNIA,							
	AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 836.80	\$ 836.80	\$ 836.80	\$ 836.80
49303	OLDEN, N	ANESTHESIA FOR	49303		\$ 830.80	\$ 630.80	\$ 650.80	Ş 630.60
		HERNIA REPAIRS IN						
		LOWER ABDOMEN;						
		NOT OTH	00830		not available	not available	not available	not available
		LEVEL II - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88302		n/a	n/a	n/a	n/a
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not available
		INJECTION,						
		CEFAZOLIN SODIUM,						
		500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,	14400					
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,	71170		1100 000110010	1100 010110010	not available	1100 010110010
		KETOROLAC						
		TROMETHAMINE, PER						
		15 MG	J1885		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,						
		NEOSTIGMINE						
		METHYLSULFATE, UP						
		TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL	12040		mes	mes	m a k	m g &
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		not available	not available	not available	not available
		INFUSION, UP TO						
		1000 CC	J7120		not available	not available	not available	not available
		GLYCOPYRROLATE,				3.5 2.1 2.1.2.10	31212112112	3.5.2.5.2.00
		INHALATION						
		SOLUTION,						
		COMPOUNDED						
		PRODUCT	J7642		not available	not available	not available	not available

OLIVE VIEW-UCLA MEDICAL CENTER

					(THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	N	Maximum Negotiated Rate		Minimum gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional**	Professional**		Professional**	Pr	ofessional**
	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$	202.24	\$ 202.2	4 \$	202.24	\$	202.24
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$	154.94	\$ 154.9	4 \$	154.94	\$	154.94
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	59.09	\$ 59.0	9 \$	59.09	\$	59.09
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580			not available	not availabl	e	not available		not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001			not available	not availabl	e	not available		not available
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$	127.34	\$ 127.3	4 \$	127.34	\$	127.34
01011		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		\$	305.58			305.58	·	305.58
		INJECTION, METHYLPREDNISOLO NE ACETATE, 80 MG	J1040			not available	not availab	e	not available		not available
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020			not available	not availab	e	not available		not available
	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC	DDIAMA DV DD QCEDI IDE	c2222		,	457.20			457.20	ć	457.20
	SUBSTANCE(S) INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID;	PRIMARY PROCEDURE	62323		\$	157.20	\$ 157.2	0 \$	157.20	\$	157.20
64483	TRANS	PRIMARY PROCEDURE INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID;	64483		\$	177.33	\$ 177.3	3 \$	177.33	\$	177.33
		TRANS FLUOROSCOPY (SEPARATE	64484		\$	81.12	\$ 81.1	2 \$	81.12	\$	81.12
	DISCISSION OF SECONDARY	PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$	23.94	\$ 23.9	4 \$	23.94	\$	23.94
66821	MEMBRANOUS CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		\$	509.45	\$ 509.4	5 \$	509.45	\$	509.45

OLIVE VIEW-UCLA MEDICAL CENTER

					1)	THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS			<u> </u>			
Code	Service Category	Description	Code	Note	Pro	fessional**	Professional**	Professional**	Professional**
	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF								
66984	INTRAO	PRIMARY PROCEDURE	66984		\$	875.45	\$ 875.45	\$ 875.45	\$ 875.45
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142			not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250			not available	not available	not available	not available
		11110	32230			not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010			not available	not available	not available	not available
		INFUSION, UP TO 1000 CC	J7120			not available	not available	not available	not available
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632			not available	not available	not available	not available
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		\$	64.34	\$ 64.34	\$ 64.34	\$ 64.34
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	70551		\$	112.89			
	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	BRAIN (INCLUDI	70331		,	112.69	\$ 112.09	3 112.03	, 112.03
70553	BRAIN (INCLUDI	PRIMARY PROCEDURE MAGNETIC RESONANCE (EG,	70553		\$	174.15	\$ 174.15	\$ 174.15	\$ 174.15
		PROTON) IMAGING,			_				
		ABDOMEN; WITHO INJECTION, GADOTERATE	74183		\$	166.62	\$ 166.62	\$ 166.62	\$ 166.62
	MAGNETIC RESONANCE (EG,	MEGLUMINE, 0.1 ML	A9575			not available	not available	not available	not available
	PROTON) IMAGING, SPINAL CANAL A	PRIMARY PROCEDURE	72148		\$	113.49	\$ 113.49	\$ 113.49	\$ 113.49
	MAGNETIC RESONANCE (EG, PROTON) IMAGING,								
	ANY JOINT OF L	PRIMARY PROCEDURE	73721		\$	104.23	\$ 104.23	\$ 104.23	\$ 104.23
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	00242		ا د	105 34	ć 405.04	6 405.24	6 405.04
	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE	AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
76700	DOCUMENTATI	PRIMARY PROCEDURE	76700	Page 9 of	\$	61.64	\$ 61.64	\$ 61.64	\$ 61.64

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
	ULTRASOUND,							
	PREGNANT UTERUS,							
7000	REAL TIME WITH	DDIA 44 DV DDOCEDLIDE	7000		75.00	75.03	, 7F 02	ć 75.00
76805	IMAGE DOCUM ULTRASOUND,	PRIMARY PROCEDURE	76805		\$ 75.92	2 \$ 75.92	\$ 75.92	\$ 75.92
76830	TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 52.91	\$ 52.91	\$ 52.91	\$ 52.91
70030	11011130713110112	OFFICE OR OTHER	70050		32.33	32.31	32.31	ÿ 32.31
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 105.33	\$ 105.31	\$ 105.31	\$ 105.31
	SCREENING							
	MAMMOGRAPHY,							
	BILATERAL (2-VIEW							
77067	STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ 57.80	57.80	\$ 57.80	\$ 57.80
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 105.33	\$ 105.31	\$ 105.31	\$ 105.31
	BASIC METABOLIC	AND	33213		7 105.5.	105.51	7 105.51	ý 105.51
	PANEL (CALCIUM,							
	TOTAL) THIS PANEL							
80048	MUST	PRIMARY PROCEDURE	80048		not available	not available	not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000						
		UNITS	J1644		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER	12250					o at available
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT;						
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
			05540					
		PROTHROMBIN TIME; COLLECTION OF	85610		not available	not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	COMPREHENSIVE	VEITH OTTO TOTAL	50125		1100 010110011			not aranasic
	METABOLIC PANEL							
	THIS PANEL MUST							
80053	INCLUDE T	PRIMARY PROCEDURE	80053		not available	not available	not available	not available
		RADIOLOGIC						
		EXAMINATION,						
		CHEST; SINGLE VIEW	71045		\$ 14.07	\$ 14.07	\$ 14.07	\$ 14.07
		BLOOD COUNT; COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION,	33323					
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY	25115					
	LIPID PANEL THIS	VENIPUNCTURE	36415		not available	not available	not available	not available
	PANEL MUST INCLUDE THE FOLLOWING:							
80061		PRIMARY PROCEDURE	80061		not available	not available	not available	not available
		HEPATIC FUNCTION						
		PANEL THIS PANEL						
		MUST INCLUDE THE						
		FOLL	80076		not available	not available	not available	not available
		HEMOGLOBIN;						
		GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY						
	LIBINIALIVOIC BY BIB	VENIPUNCTURE	36415		not available	not available	not available	not available
	URINALYSIS, BY DIP							
	STICK OR TABLET REAGENT FOR							
81000		PRIMARY PROCEDURE	81000		not available	not available	not available	not available
81000	URINALYSIS, BY DIP	PRIMARI PROCEDURE	81000		Tiot available	not available	not available	not available
	STICK OR TABLET							
	REAGENT FOR							
81001	BILIRUBI	PRIMARY PROCEDURE	81001		not available	not available	not available	not available
	URINALYSIS, BY DIP							
	STICK OR TABLET							
	REAGENT FOR							
81002	BILIRUBI	PRIMARY PROCEDURE	81002		not available	not available	not available	not available
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION	22212		4	4 405.04		4 405.04
		AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		CYTOPATHOLOGY, CERVICAL OR						
		VAGINAL (ANY						
		REPORTING SYSTE	88175		not available	not available	not available	not available
		INFECTIOUS AGENT	33173		not available	not available	not available	not available
		DETECTION BY						
		NUCLEIC ACID (DNA						
		OR RNA)	87624		not available	not available	not available	not available
		CULTURE, BACTERIAL;						
		QUANTITATIVE						
		COLONY COUNT,						
		URINE	87086		not available	not available	not available	not available
		URINALYSIS, BY DIP						
		STICK OR TABLET REAGENT FOR						
		BILIRUBI	81000		not available	not available	not available	not available
		DILINUBI	91000		I iot available	not available	I IIOL AVAIIADIE	not available

					CR (Me	EM BLUE OSS dicare intage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Profes	sional**	Professional**	Professional**	Professional**
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81003		n	ot available	not available	not available	not available
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		n	ot available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81002			ot available	not available	not available	not available
	PROSTATE SPECIFIC	DILINUDI	81002		- "	Ot available	TIOL available	flot available	not available
84153	ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE COLLECTION OF	84153		n	ot available	not available	not available	not available
	TUVDOID	VENOUS BLOOD BY VENIPUNCTURE	36415		n	ot available	not available	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		n	ot available	not available	not available	not available
	BLOOD COUNT;	VENOUS BLOOD BY VENIPUNCTURE	36415		n	ot available	not available	not available	not available
85025	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		n	ot available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		n	ot available	not available	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		n	ot available	not available	not available	not available
	, ,	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415			ot available	not available		not available
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE	85610		n	ot available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		n	ot available	not available	not available	not available
	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$	105.75	\$ 105.75	\$ 105.75	\$ 105.75
	PSYCHOTHERAPY, 45 MINUTES WITH								
90834	PATIENT PSYCHOTHERAPY, 60 MINUTES WITH	PRIMARY PROCEDURE	90834		\$	139.27	\$ 139.27	\$ 139.27	\$ 139.27
90837	PATIENT FAMILY PSYCHOTHERAPY	PRIMARY PROCEDURE	90837		\$	204.40	\$ 204.40	\$ 204.40	\$ 204.40
90847	(CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		\$	156.00	\$ 156.00	\$ 156.00	\$ 156.00

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate		Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pr	ofessional**		Professional**	Professional**	ı	Professional**
		FAMILY PSYCHOTHERAPY (WITHOUT THE									
		PATIENT PRESENT), 50	90846		\$	150.12	\$	150.12	\$ 150.12	\$	150.12
	GROUP PSYCHOTHERAPY (OTHER THAN OF A										
90853	MULTIPLE-FAMILY GR ELECTROCARDIOGRA	PRIMARY PROCEDURE	90853		\$	36.75	\$	36.75	\$ 36.75	\$	36.75
02000	M, ROUTINE ECG WITH AT LEAST 12		02000			22.42	_	22.42	4 22.42	•	22.42
93000	LEADS;	PRIMARY PROCEDURE OFFICE OR OTHER	93000		\$	23.42	\$	23.42	\$ 23.42	\$	23.42
		OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$	154.94	\$	154.94	\$ 154.94	\$	154.94
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12									
		LEADS;	93005		\$	10.47	\$	10.47	\$ 10.47	\$	10.47
	LEFT HEART CATHETERIZATION INCLUDING										
93452	INTRAPROCEDURAL IN		93452		\$	364.37	\$	364.37	\$ 364.37	\$	364.37
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL									
		MUST INJECTION, HEPARIN	80048			not available		not available	not available		not available
		SODIUM, PER 1000 UNITS	J1644			not available		not available	not available		not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER									
		1 MG	J2250			not available		not available	not available		not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available		not available	not available		not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,									
		HCT, RBC,	85027			not available		not available	not available		not available
		PROTHROMBIN TIME;	85610			not available		not available	not available		not available
		VENOUS BLOOD BY	26415			nat available		net eveileble	nat availahla		nat available
	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP	VENIPUNCTURE	36415			not available		not available	not available		not available
95810	STAGING WI	PRIMARY PROCEDURE OFFICE OR OTHER	95810		\$	188.66	\$	188.66	\$ 188.66	\$	188.66
		OUTPATIENT VISIT FOR THE EVALUATION AND	99213		<u> </u>	105 21	ć	105.31	\$ 105.21	¢	105.31
	L	מאוע	99213		\$	105.31	۶	105.31	\$ 105.31	Ş	105.31

	Procedure CPT/HCPCS			(1	THEM BLUE CROSS Medicare dvantage)		NTHEM BLUE CROSS Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate		
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional**	Dr	ofessional**	Professional**	D	rofessional**
Couc	THERAPEUTIC	Description	Couc	Note	- 110	ressionar		oressiona.	Troressionar		. oressiona.
97110	PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		\$	48.34	\$	48.34	\$ 48.34	\$	48.34
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION										
99203	AND	PRIMARY PROCEDURE	99203		\$	130.99	\$	130.99	\$ 130.99	\$	130.99
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED	77056			76.24	.	70.24	A 76.24	ć	70.24
		DETECT	77066		\$	76.24	\$	76.24	\$ 76.24	\$	76.24
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76641		\$	55.63	\$	55.63	\$ 55.63	\$	55.63
		CONSULTATION AND REPORT ON REFERRED	88321		<u> </u>	131.90	ć	131.90	Ć 121.00	4	121.00
	OFFICE OR OTHER OUTPATIENT VISIT	SLIDES PREPARED ELS	88321		\$	131.90	Ş.	131.90	\$ 131.90	\$	131.90
99204		PRIMARY PROCEDURE	99204		\$	212.75	\$	212.75	\$ 212.75	\$	212.75
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION										
99205	AND	PRIMARY PROCEDURE	99205		\$	288.99	\$	288.99	\$ 288.99	\$	288.99
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99243		\$	192.72	\$	192.72	\$ 192.72	\$	192.72
	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED										
99244	PATIENT, W INITIAL	PRIMARY PROCEDURE	99244		\$	285.82	\$	285.82	\$ 285.82	\$	285.82
	COMPREHENSIVE PREVENTIVE MEDICINE										
99385	EVALUATION AN INITIAL	PRIMARY PROCEDURE	99385		\$	272.39	\$	272.39	\$ 272.39	\$	272.39
	COMPREHENSIVE PREVENTIVE MEDICINE										
99386	EVALUATION AN	PRIMARY PROCEDURE	99386		\$	244.42	\$	244.42	\$ 244.42	\$	244.42
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION										
99213	AND	PRIMARY PROCEDURE COMPUTED	99213		\$	105.31	\$	105.31	\$ 105.31	\$	105.31
		TOMOGRAPHY, ABDOMEN AND PELVIS; WITH									
		CONTRAST	74177		\$	138.99	\$	138.99	\$ 138.99	\$	138.99

	,	,
LIPDATED	AS OF 12	/15/2022

					(ITHEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS							
Code	Service Category	Description	Code	Note	Pro	ofessional**	Professional**	Professional**	P	rofessional**
		RADIOLOGIC								
		EXAMINATION,								
		PELVIS; COMPLETE,			١.				١.	
		MINIMUM OF 3	72190		\$	19.56	\$ 19.56	\$ 19.56	\$	19.56
		RADIOLOGIC								
		EXAMINATION;	73090		\$	12.41	\$ 12.41	\$ 12.41	\$	12.41
	OFFICE OR OTHER	FOREARM, 2 VIEWS	73090		٦	12.41	\$ 12.41	\$ 12.41	Ş	12.41
	OUTPATIENT VISIT									
	FOR THE EVALUATION									
99212	AND	PRIMARY PROCEDURE	99212		\$	56.95	\$ 56.95	\$ 56.95	\$	56.95
		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL;								
		MINIMUM OF	72110		\$	20.09	\$ 20.09	\$ 20.09	\$	20.09
	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND									
G0463	MAN	PRIMARY PROCEDURE	G0463			not available	not available	not available		not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591			not available	not available	not available		not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491			not available	not available	not available		not available
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$	49.60	\$ 49.60	\$ 49.60	\$	49.60
		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE,								
	055105 00 051150	VAGIN	59400		\$	3,784.41	\$ 3,784.41	\$ 3,784.41	\$	3,784.41
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION									
99214	OPHTHALMOLOGICAL SERVICES: MEDICAL	PRIMARY PROCEDURE	99214		\$	154.94	\$ 154.94	\$ 154.94	\$	154.94
02042	EXAMINATION AND	PRIMARY PROCEDURE	92012		,	04.43	6 04.43	6 04.43	۲	04.43
92012	LVAL	BASIC METABOLIC	92012		\$	81.12	\$ 81.12	\$ 81.12	Ş	81.12
		PANEL (CALCIUM, TOTAL) THIS PANEL								
		MUST BLOOD COUNT;	80048			not available	not available	not available		not available
		COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025			not available	not available	not available		not available
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLO	85730			not available	not available	not available		not available
		DEO	63730			not available	not available	not available		not available

OLIVE VIEW-UCLA MEDICAL CENTER

					(1	THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional**	Professional**	Professional**	Professional**
		PROTHROMBIN TIME; COLLECTION OF	85610			not available	not available	not available	not available
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415			not available	not available	not available	not available
	OFFICE OR OTHER OUTPATIENT VISIT								
99211	FOR THE EVALUATION	PRIMARY PROCEDURE	99211		\$	14.07	\$ 14.07	\$ 14.07	\$ 14.07
33211	OFFICE OR OTHER	T KIIVIAKT T KOCEDOKE	33211		 	14.07	ÿ 14.07	ÿ 14.07	ÿ 14.07
	OUTPATIENT VISIT								
	FOR THE EVALUATION								
99202		PRIMARY PROCEDURE	99202		\$	77.03	\$ 77.03	\$ 77.03	\$ 77.03
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION								
99215		PRIMARY PROCEDURE	99215		\$	229.91	\$ 229.91	\$ 229.91	\$ 229.91
	INTRAVITREAL INJECTION OF A								
67020	PHARMACOLOGIC	DDIN 44 DV DD 0 05 DU DE	67020			4 45 77	445 77		ć 445.77
6/028	AGENT (SEPARA PERIODIC	PRIMARY PROCEDURE	67028		\$	145.77	\$ 145.77	\$ 145.77	\$ 145.77
	COMPREHENSIVE PREVENTIVE MEDICINE								
99392	REEVALUATION	PRIMARY PROCEDURE	99392			not available	not available	not available	not available
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE								
99391	REEVALUATION	PRIMARY PROCEDURE	99391			not available	not available	not available	not available
	IMMUNIZATION ADMINISTRATION (INCLUDES								
90471	l`	PRIMARY PROCEDURE	90471		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	PATIENT SCREENED								
	FOR DEPRESSION								
1220F	(SUD)	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	1220F			not available	not available	not available	not available
		FOR THE EVALUATION	007.					. ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
	TELEPHONE	AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	EVALUATION AND MANAGEMENT								
99442		PRIMARY PROCEDURE	99442		\$	104.93	\$ 104.93	\$ 104.93	\$ 104.93
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:							
		CHOL	80061			not available	not available	not available	not available
		RENAL FUNCTION PANEL THIS PANEL	30001			oc available	not available	not available	not available
		MUST INCLUDE THE	00						
		FOLLOW	80069			not available	not available	not available	not available

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		BLOOD COUNT;						
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
		HEMOGLOBIN;						
		GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		ALBUMIN; URINE (EG,						
		MICROALBUMIN),						
		QUANTITATIVE	82043		not available	not available	not available	not available
		CREATINE	82540		not available	not available		not available
		COLLECTION OF						
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	POSTOPERATIVE							
	FOLLOW-UP VISIT,							
	NORMALLY INCLUDED							
99024	IN THE	PRIMARY PROCEDURE	99024		not available	not available	not available	not available
		DIAGNOSTIC MAMMOGRAPHY,						
		INCLUDING						
		COMPUTER-AIDED						
		DETECT	77065		\$ 61.64	\$ 61.64	\$ 61.64	\$ 61.64
		-					, , , , , , , , , , , , , , , , , , , ,	,
		ULTRASOUND,						
		BREAST, UNILATERAL,						
		REAL TIME WITH						
		IMAGE DO	76642		\$ 51.79	\$ 51.79	\$ 51.79	\$ 51.79
	SCANNING COMPUTERIZED							
	OPHTHALMIC							
	DIAGNOSTIC							
	IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 40.24	\$ 40.24	\$ 40.24	\$ 40.24
	<u> </u>							
	OPHTHALMOLOGICAL							
	SERVICES: MEDICAL							
	EXAMINATION AND							
92014	EVAL	PRIMARY PROCEDURE	92014		\$ 122.22	\$ 122.22	\$ 122.22	\$ 122.22
		INTRAVITREAL INJECTION OF A						
		PHARMACOLOGIC						
		AGENT (SEPARA	67028		\$ 145.77	\$ 145.77	\$ 145.77	\$ 145.77
	TELEPHONE	,			, =13,77			
	EVALUATION AND							
	MANAGEMENT							
	SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		\$ 56.20	\$ 56.20	\$ 56.20	\$ 56.20
	PERIODIC							
	COMPREHENSIVE							
	PREVENTIVE							
	MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		not available	not available	not available	not available
	ABDOMINAL	I MINIANT FROCEDUKE	22323		i iot avaliable	not available	i iot available	not available
	PARACENTESIS							
	(DIAGNOSTIC OR							
	THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 167.18	\$ 167.18	\$ 167.18	\$ 167.18
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213	Page 16 of	\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
	PERIODIC COMPREHENSIVE PREVENTIVE							
99394	MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		not available	not available	not available	not available
	SARS-COV-2 COVID-19 AMP PRB HIGH							
00003	THROUGHPUT TECH	PRIMARY PROCEDURE COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS	U0003		not available	not available	not available	not available
		COLLECT	U0005		not available	not available	not available	not available
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS							
96413	INFUSION TECHN	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	96413		\$ 236.74	\$ 236.74	\$ 236.74	\$ 236.74
		FOR THE EVALUATION AND	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE							
99381	EVALUATION AN TELEPHONE	PRIMARY PROCEDURE	99381		not available	not available	not available	not available
	EVALUATION AND MANAGEMENT							
99443	SERVICE BY A PHYSIC DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE	PRIMARY PROCEDURE	99443		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
76827	AND/OR CON	PRIMARY PROCEDURE	76827		\$ 43.95	\$ 43.95	\$ 43.95	\$ 43.95
	CYSTOURETHROSCOP Y (SEPARATE							
52000	PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 125.68	\$ 125.68	\$ 125.68	\$ 125.68
		BLADDER IRRIGATION, SIMPLE, LAVAGE						
		AND/OR INSTILLATION PROSTATE SPECIFIC	51700		\$ 47.68	\$ 47.68	\$ 47.68	\$ 47.68
		ANTIGEN (PSA); TOTAL	84153		not available	not available	not available	not available
		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	84154		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND CYTOPATHOLOGY,	99212		\$ 56.95	\$ 56.95	\$ 56.95	\$ 56.95
		SELECTIVE CELLULAR ENHANCEMENT						
		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT	88112		\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68
		MEAS	84152		not available	not available	not available	not available

OLIVE VIEW-UCLA MEDICAL CENTER MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE*

EFFECTIVE JANUARY 1, 2023 UPDATED AS OF 12/15/2022

					(N	HEM BLUE CROSS Medicare vantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Prof	essional**	Professional**	Professional**	Professional**
		URINALYSIS, BY DIP							
		STICK OR TABLET							
		REAGENT FOR							
		BILIRUBI	81001			not available	not available	not available	not available
		COLLECTION OF							
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415			not available	not available	not available	not available
	VISUAL FIELD								
	EXAMINATION,								
	UNILATERAL OR								4 40.00
92083	BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$	42.88	\$ 42.88	\$ 42.88	\$ 42.88
	TREATMENT OF								
	EXTENSIVE OR PROGRESSIVE								
	RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$	485.30	\$ 485.30	\$ 485.30	\$ 485.30
07228	ECHOCARDIOGRAPHY,	PRIMARI PROCEDURE	07228		٦	483.30	3 463.30	3 463.30	7 465.30
	TRANSTHORACIC,								
	REAL-TIME WITH								
	IMAGE D	PRIMARY PROCEDURE	93306		\$	110.08	\$ 110.08	\$ 110.08	\$ 110.08
	ZOSTER (SHINGLES)				<u> </u>		7 ======	7 ======	7 ===:::
	VACCINE (HZV),								
	RECOMBINANT,								
	SUBUNIT,	PRIMARY PROCEDURE	90750			not available	not available	not available	not available
	·	IMMUNIZATION							
		ADMINISTRATION							
		(INCLUDES							
		PERCUTANEOUS, INT	90471		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	MEASUREMENT OF								
	POST-VOIDING								
	RESIDUAL URINE								
51/98	AND/OR BLADD	PRIMARY PROCEDURE	51798		\$	18.19	\$ 18.19	\$ 18.19	\$ 18.19
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	PERIODIC	AND	33213		-	105.51	ý 105.51	ý 105.51	ý 105.51
	COMPREHENSIVE								
	PREVENTIVE								
	MEDICINE								
99396	REEVALUATION	PRIMARY PROCEDURE	99396			not available	not available	not available	not available
	THERAPEUTIC,								
	PROPHYLACTIC, OR								
	DIAGNOSTIC								
96372	INJECTION (SPE	PRIMARY PROCEDURE	96372		\$	23.64	\$ 23.64	\$ 23.64	\$ 23.64
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATION			l .				
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	PERIODIC								
	COMPREHENSIVE								
	PREVENTIVE								
	MEDICINE	DDIMARY DDOCEDURE	00205			not available	net available	net available	net available
99395	REEVALUATION	PRIMARY PROCEDURE	99395			not available	not available	not available	not available

MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE* EFFECTIVE JANUARY 1, 2023

UPDATED AS OF 12/15/2022

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category CHANGE OF	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
	CYSTOSTOMY TUBE;							
51705	SIMPLE	PRIMARY PROCEDURE	51705		\$ 80.96	\$ 80.96	\$ 80.96	\$ 80.96
		HOSPITAL						
		OUTPATIENT CLINIC VISIT FOR						
		ASSESSMENT AND						
	INITIAL	MAN	G0463		not available	not available	not available	not available
	INITIAL COMPREHENSIVE							
	PREVENTIVE							
	MEDICINE							
99383	EVALUATION AN INTERROGATION	PRIMARY PROCEDURE	99383		not available	not available	not available	not available
	DEVICE EVALUATION							
	(IN PERSON) WITH							
93288	ANALYS	PRIMARY PROCEDURE	93288		\$ 33.03	\$ 33.03	\$ 33.03	\$ 33.03
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
	BLADDER IRRIGATION,							
	SIMPLE, LAVAGE							
51700	AND/OR INSTILLATION		51700		\$ 47.68	\$ 47.68	\$ 47.68	\$ 47.68
		MEASUREMENT OF POST-VOIDING						
		RESIDUAL URINE						
		AND/OR BLADD	51798		\$ 18.19	\$ 18.19	\$ 18.19	\$ 18.19
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99215		\$ 229.91	\$ 229.91	\$ 229.91	\$ 229.91
	INICI LICALZA VACCINIC							
	INFLUENZA VACCINE, INACTIVATED (IIV),							
		PRIMARY PROCEDURE	90653		not available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
	INITIAL							
	COMPREHENSIVE							
	PREVENTIVE MEDICINE							
99382	EVALUATION AN	PRIMARY PROCEDURE	99382		not available	not available	not available	not available
	INSERTION OF							
	TEMPORARY INDWELLING							
	BLADDER CATHETER;							
51702	SIM	PRIMARY PROCEDURE	51702		\$ 39.84	\$ 39.84	\$ 39.84	\$ 39.84
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 14.07	\$ 14.07	\$ 14.07	\$ 14.07

OLIVE VIEW-UCLA MEDICAL CENTER MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE*

EFFECTIVE JANUARY 1, 2023 UPDATED AS OF 12/15/2022

REMOVALOF PRIMARY PROCEDURE 97802						ANTHEM BLUE CROSS (Medicare Advantage)	Ī	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate		Minimum otiated Rate
REMOVAL OF SPECIAL PRIMARY PROCEDURE 97802 not available not availab	-		Procedure	CPT/HCPCS							
DEVITALIZED TISSUE FROM MOUNDIS), 97602 not available	Code	Service Category	Description	Code	Note	Professional**	k	Professional**	Professional**	Pro	ofessional**
RROM WOUNDS , PRIMARY PROCEDURE 97602 not available											
97802 NON-SELECT PRIMARY PROCEDURE 97802 not available not availab											
OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$			PRIMARY PROCEDURE	97602		not availa	ble	not available	not available		not available
FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$											
TETANUS, DIPPHTHERIA TOXOIDS AND ACELULIAR STATUS											
TETANUS, DIPHTHERIA TOXOIDS DERCUTANEOUS, INT				99213		\$ 105	31	\$ 105.31	\$ 105.31	\$	105.31
DIPHTHERIA TOXIDIS			AND	33213		7 103	,.51	ý 103.51	- 103.31	7	103.31
AND ACELLULAR PRIMARY PROCEDURE 90715 not available		TETANUS,									
90715 PERTUSSIS VAC											
IMMUNIZATION ADMINISTATION (INCLUDES PERCUTANEOUS, INT 90471 \$ 27.78 \$ 27.78 \$ 27.78 \$ 27.78 \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$ 27.78 \$ \$			DDIMADV DDOCEDLIDE	00715		not availa	hlo	not available	not available		not available
ADMINISTRATION (INCLUDES PERCUTANEOUS, INT 90471 \$ 27.78 \$ 27.	30713	TENTOSSIS VAC		30713		not availa	ibic	not available	not available		not available
PERCUTANEOUS, INT 90471 S 27.78											
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$ ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH 76811 IMAGE DOCUM PRIMARY PROCEDURE 76811 \$ 146.03 \$ 146.03 \$ 146.03 \$ OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND 9202 EVAL PRIMARY PROCEDURE 92002 \$ 74.24 \$ 74.24 \$ 74.24 \$ INITIAL COMPREHENSIVE PREVENTIVE MEDICINE 99384 EVALUATION AN PRIMARY PROCEDURE 99384 OPHINALING COMPUTERIZED OPHITALMIC DIAGNOSTIC 92133 IMAGING, PO PRIMARY PROCEDURE 92133 IMAGING, PO PRIMARY PROCEDURE 92133 S \$ 34.62 \$ 34.62 \$ 34.62 \$ COMPUTERIZED COMPU			I'								
OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$ ULITRASOUND, PREGNANT UTERUS, REAL TIME WITH 76811 IMAGE DOCUM PRIMARY PROCEDURE 76811 \$ 146.03 \$ 146.03 \$ 146.03 \$ OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND 92002 EVAL PRIMARY PROCEDURE 92002 \$ 74.24 \$ 74.24 \$ 74.24 \$ INITIAL COMPREHENSIVE PREVENTIVE MEDICINE 99384 PARIMARY PROCEDURE 99384 Not available OPHTHALMIC DIAGNOSTIC 92133 IMAGING, PO PRIMARY PROCEDURE 92133 \$ 34.62 \$ 34.62 \$ COMPUTERIZED COMPUTERIZED COMPUTERIZED CONFUTERIZED CONFUTERIZ				90471		\$ 27	7.78	\$ 27.78	\$ 27.78	\$	27.78
FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$ 105.31 \$											
ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH 76811 IMAGE DOCUM											
PREGNANT UTERUS, REALTIME WITH 76811 MAGE DOCUM PRIMARY PROCEDURE 76811 \$ 146.03 \$ 146.03 \$ 146.03 \$ 146.03 \$ \$ 146.03 \$			AND	99213		\$ 105	5.31	\$ 105.31	\$ 105.31	\$	105.31
REAL TIME WITH 76811 IMAGE DOCUM											
76811 IMAGE DOCUM		-									
SERVICES: MEDICAL EXAMINATION AND PRIMARY PROCEDURE 92002 \$ 74.24 \$ 74.24 \$ 74.24 \$ \$ 74.24 \$ \$ 74.24 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			PRIMARY PROCEDURE	76811		\$ 146	5.03	\$ 146.03	\$ 146.03	\$	146.03
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE 99384 Not available no		SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92002		\$ 74	1.24	\$ 74.24	\$ 74.24	\$	74.24
SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC 92133 \$ 34.62 \$ 34.62 \$ 34.62 \$ \$ 34.62 \$		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE								,	
COMPUTERIZED OPHTHALMIC DIAGNOSTIC 92133 \$ 34.62 \$ 34.62 \$ 34.62 \$			PRIMARY PROCEDURE	99384		not availa	ble	not available	not available		not available
COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR 92025 BILATERA PRIMARY PROCEDURE 92025 \$ 30.79 \$ 30.79 \$ 30.79 \$ OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$ ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT 58100 ENDOCERVI PRIMARY PROCEDURE 58100 \$ 99.62 \$ 99.62 \$ 99.62 \$		COMPUTERIZED OPHTHALMIC DIAGNOSTIC	DDIMA DV DDOCEDI IDE	02122		ė 24	1.62	ć 24.52	÷ 24.62	ė	34.62
92025 BILATERA PRIMARY PROCEDURE 92025 \$ 30.79 \$ 30.79 \$ 30.79 \$		COMPUTERIZED CORNEAL	PRIMARY PROCEDURE	92155		, 54	1.02	\$ 54.02	\$ 54.02	7	34.02
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$ ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT 58100 ENDOCERVI PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION		UNILATERAL OR									
OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$ ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT 58100 ENDOCERVI PRIMARY PROCEDURE 58100 \$ 99.62 \$ 99.62 \$ OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	92025	BILATERA		92025		\$ 30).79	\$ 30.79	\$ 30.79	\$	30.79
ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT 58100 ENDOCERVI PRIMARY PROCEDURE 58100 \$ 99.62 \$ 99.62 \$ OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION			OUTPATIENT VISIT FOR THE EVALUATION	99213		\$ 105	5.31	\$ 105.31	\$ 105.31	Ś	105.31
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION		SAMPLING (BIOPSY)		33213		103		· 105.51	7 103.31	7	105.51
OUTPATIENT VISIT FOR THE EVALUATION	58100	ENDOCERVI		58100		\$ 99	.62	\$ 99.62	\$ 99.62	\$	99.62
AND 99213 \$ 105.31 \$ 105.31 \$ 105.31 \$			OUTPATIENT VISIT FOR THE EVALUATION	99213		\$ 105	5.31	\$ 105.31	\$ 105.31	\$	105.31

					(1	THEM BLUE CROSS Medicare dvantage)	ANTHEM BLU CROSS (Commercia		Maximum Negotiated Rate	N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional**	Professional	* *	Professional**	F	Professional**
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	59.09	\$!	9.09	\$ 59.09	\$	59.09
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		\$	271.30	\$ 27	'1.30	\$ 271.30	\$	271.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$	288.99	\$ 28	88.99	\$ 288.99	\$	288.99
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686			not available	not ava	lable	not available		not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$	27.78	\$ 2	27.78	\$ 27.78	\$	27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION									
	INFLUENZA VIRUS VACCINE, QUADRIVALENT	AND	99213		\$	105.31	\$ 10)5.31	\$ 105.31	\$	105.31
90694	(AIIV4), INACTIVA	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION (INCLUDES	90694			not available	not ava	lable	not available		not available
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$	27.78	\$ 2	7.78	\$ 27.78	\$	27.78
	ULTRASOUND, PREGNANT UTERUS,	AND	99213		\$	105.31	\$ 10)5.31	\$ 105.31	\$	105.31
76815	VITRECTOMY, MECHANICAL, PARS	PRIMARY PROCEDURE	76815		\$	49.60	\$	9.60	\$ 49.60	\$	49.60
67040	PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE OPHTHALMOLOGICAL	67040		\$	1,660.37	\$ 1,66	0.37	\$ 1,660.37	\$	1,660.37
		SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$	81.12	\$ 8	31.12	\$ 81.12	\$	81.12
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$	116.26	\$ 1	.6.26	\$ 116.26	Ś	116.26
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR										
20610	NOIN	PRIMARY PROCEDURE	20610		\$	71.35	\$	1.35	\$ 71.35	Ş	71.35

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	CRO	M BLUE DSS nercial)	Maximum Negotiated Rate	N	Minimum Jegotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Profess	ional**	Professional**		Professional**
	Scrvice category	OFFICE OR OTHER	couc	14010	1 Totessional	110103	ionai	Troressional		1 101033101101
		OUTPATIENT VISIT								
		FOR THE EVALUATION								
		AND	99212		\$ 56.9	5 \$	56.95	\$ 56.9	5 \$	56.95
		INJECTION, LIDOCAINE	33212		γ 30.3	7	30.33	, Jo.,	7	30.33
		HCL FOR								
		INTRAVENOUS								
		INFUSION, 10 M	J2001		not availab	e no	t available	not availab	le l	not available
		INJECTION,	32001					1100 0101102		
		TRIAMCINOLONE								
		ACETONIDE, NOT								
		OTHERWISE SPECI	J3301		not availab	e no	t available	not availab	le	not available
		INJECTION,							1	
		BUPIVICAINE								
		HYDROCHLORIDE, 30								
		ML	S0020		not availab	e no	t available	not availab	le	not available
	INTRAVENOUS									
	INFUSION, FOR									
	THERAPY,									
	PROPHYLAXIS, OR									
96365	DIAG	PRIMARY PROCEDURE	96365		\$ 116.5	4 \$	116.54	\$ 116.5	4 \$	116.54
		INJECTION, SODIUM								
		FERRIC GLUCONATE								
		COMPLEX IN SUCROSE								
		I	J2916		not availab	e no	t available	not availab	le	not available
	FETAL NON-STRESS									
59025	TEST	PRIMARY PROCEDURE	59025		\$ 44.1	5 \$	44.15	\$ 44.1	.5 \$	44.15
		ULTRASOUND,								
		PREGNANT UTERUS,								
		REAL TIME WITH	70045						ہ ا	
	CCODUA COCACTROD	IMAGE DOCUM	76815		\$ 49.6	0 \$	49.60	\$ 49.6	0 \$	49.60
	ESOPHAGOGASTROD									
	UODENOSCOPY, FLEXIBLE,									
42227	TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 309.6	7 \$	309.67	\$ 309.6	7 \$	309.67
43237	INANSONAL, WITTL	ENDOSCOPIC	43237		305.0	, ,	303.07	303.0	7 7	303.07
		RETROGRADE								
		CHOLANGIOPANCREA								
		TOGRAPHY (ERCP);	43275		\$ 592.9	6 \$	592.96	\$ 592.9	6 \$	592.96
		ENDOSCOPIC			1	†			+	
		CATHETERIZATION OF				1				
		THE BILIARY DUCTAL				1				
		SYSTEM	74328		\$ 36.9	4 \$	36.94	\$ 36.9	4 \$	36.94
		ENDOSCOPIC								
		CANNULATION OF				1				
		PAPILLA WITH DIRECT				1				
		VISUALIZA	43273		\$ 187.5	4 \$	187.54	\$ 187.5	4 \$	187.54
		COMBINED				1				-
		ENDOSCOPIC				1				
		CATHETERIZATION OF			1.	1.		.		
		THE BILIARY AND	74330		\$ 46.4	4 \$	46.44	\$ 46.4	4 \$	46.44
		INJECTION,				1				
		SUCCINYLCHOLINE				1				
		CHLORIDE, UP TO 20	10220				at aveile Li		اما	mak a 11.1.1
		MG	J0330		not availab	e no	t available	not availab	ie	not available
		INJECTION, ONDANSETRON				1				
		HYDROCHLORIDE, PER				1				
		1 MG	J2405		not availab	e n	ot available	not availab	le l	not available
I	I	1- 1410	12403		I IIUL availab	- 110	, uvanabie	I IIOL AVAIIAD	١~١	not available

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO						
		1000 CC	J7120		not available	not available	not available	not available
	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME							
92235	IMAGING) W	PRIMARY PROCEDURE	92235		\$ 67.41	\$ 67.41	\$ 67.41	\$ 67.41
	HYSTEROSCOPY,							
	SURGICAL; WITH							
	SAMPLING (BIOPSY)							
58558	OF ENDOM	PRIMARY PROCEDURE	58558		\$ 362.78	\$ 362.78	\$ 362.78	\$ 362.78
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY						
		OF	00952		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC ANTIBODY SCREEN,	J7120		not available	not available	not available	not available
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING,	00000		not available	not available	not available	not available
		SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING,						
		SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 121.71	\$ 121.71	\$ 121.71	\$ 121.71
70432	(Si ECI) (IIVCE	INJECTION,	70432		7 121./1	γ 121./1	ب 121./1	y 121./1
		REGADENOSON, 0.1 MG	J2785		not available	not available	not available	not available

MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE* EFFECTIVE JANUARY 1, 2023

UPDATED AS OF 12/15/2022

					1)	THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional**	Professional**	Professional**	Professional**
	ESOPHAGOGASTROD	2000	3000	11010			1101000101101	1101000101101	. 101000101101
	UODENOSCOPY,								
	FLEXIBLE,	DDIMAN DV DDOCEDLIDE	42244		,	200.04	¢ 200.04	¢ 200.04	ć 20C 04
43244	TRANSORAL; WITH B	PRIMARY PROCEDURE INJECTION,	43244		\$	386.91	\$ 386.91	\$ 386.91	\$ 386.91
		MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250			not available	not available	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND								
92250	REPORT EXCHANGE	PRIMARY PROCEDURE	92250		\$	33.43	\$ 33.43	\$ 33.43	\$ 33.43
	NEPHROSTOMY CATHETER, PERCUTANEOUS,								
50435	INCLUDING	PRIMARY PROCEDURE CHANGE OF	50435		\$	156.09	\$ 156.09	\$ 156.09	\$ 156.09
		PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		\$	59.73	\$ 59.73	\$ 59.73	\$ 59.73
		INJECTION,						·	·
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250			not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-								
76519	SCAN; W	PRIMARY PROCEDURE COMPUTERIZED	76519		\$	48.56	\$ 48.56	\$ 48.56	\$ 48.56
		CORNEAL TOPOGRAPHY, UNILATERAL OR							
		BILATERA	92025		\$	30.79	\$ 30.79	\$ 30.79	\$ 30.79
02459	CATHETER PLACEMENT IN CORONARY ARTERY(S)	PRIMARY PROCEDURE	02458		خ ا	4E2 21	Č 452.21	ć 452.21	ć 452.21
93438	FOR CORONARY A	INJECTION, HEPARIN	93458		\$	453.21	\$ 453.21	\$ 453.21	\$ 453.21
		SODIUM, PER 1000							
		UNITS	J1644			not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001			not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250			not available	not available	not available	not available

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND							
92557	SPEEC	PRIMARY PROCEDURE	92557		\$ 51.70	\$ 51.70	\$ 51.70	\$ 51.70
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 36.51	. \$ 36.51	\$ 36.51	\$ 36.51
	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED							
99606		PRIMARY PROCEDURE	99606		not available	not available	not available	not available
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		not available	not available	not available	not available
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND							
92004		PRIMARY PROCEDURE	92004		\$ 151.71	\$ 151.71	\$ 151.71	\$ 151.71
52310	CYSTOURETHROSCOP Y, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$ 235.41	. \$ 235.41	\$ 235.41	\$ 235.41
00658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		not available	not available	not available	not available
30000	(IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78			
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	. \$ 105.31	\$ 105.31	\$ 105.31
	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY							
88175	REPORTING SYSTE	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	88175		not available	not available	not available	not available
		FOR THE EVALUATION AND INFECTIOUS AGENT DETECTION BY	99213		\$ 105.31	. \$ 105.31	\$ 105.31	\$ 105.31
		NUCLEIC ACID (DNA OR RNA) CYTOPATHOLOGY,	87624		not available	not available	not available	not available
		CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		not available	not available	not available	not available
	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS	DDIA 4 DV 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
64566	NEEDLE	PRIMARY PROCEDURE	64566	Page 25 of	\$ 47.68	\$ \$ 47.68	\$ 47.68	\$ 47.68

						ITHEM BLUE CROSS (Medicare Idvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Pr	ofessional**	Professional**	Professional**	Professional**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS								
90460	OF AGE VIA	PRIMARY PROCEDURE	90460		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
		IMMUNIZATION ADMINISTRATION							
		THROUGH 18 YEARS	00464		,	20.70	ć 20.70	ć 20.70	ć 20.70
		OF AGE VIA OFFICE OR OTHER	90461		\$	20.79	\$ 20.79	\$ 20.79	\$ 20.79
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99212		\$	56.95	\$ 56.95	\$ 56.95	\$ 56.95
	ZOSTER (SHINGLES) VACCINE (HZV), LIVE,								
90736	FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736			not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES							
		PERCUTANEOUS, INT	90471		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION							
	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
90670		PRIMARY PROCEDURE	90670			not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	00242			405.24	Å 405.24	405.24	405.24
	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES	AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
11042	EPIDERMIS AN	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	11042		\$	95.47	\$ 95.47	\$ 95.47	\$ 95.47
		FOR THE EVALUATION	99212		\$	56.95	\$ 56.95	\$ 56.95	\$ 56.95
DEONE	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		ė	70.37	\$ 70.37	\$ 70.37	\$ 70.37
33600	INCONDING OF, HEA	EDUCATION AND TRAINING FOR PATIENT SELF-			\$				
		MANAGEMENT BY A	98960		\$	49.61	\$ 49.61	\$ 49.61	\$ 49.61

					(THEM BLUE CROSS Medicare dvantage)	ANTHEM BL CROSS (Commercia		Maximum Negotiated Rate		Minimum gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional**	Professional	**	Professional**	Pr	ofessional**
	CHEMODENERVATION										
	OF MUSCLE(S);										
	MUSCLE(S)										
64612	INNERVATED BY	PRIMARY PROCEDURE OFFICE OR OTHER	64612		\$	191.64	\$ 1	91.64	\$ 191.64	\$	191.64
		OUTPATIENT VISIT									
		FOR THE EVALUATION									
		AND	99213		\$	105.31	\$ 1	05.31	\$ 105.31	\$	105.31
	OFFICE										
	OFFICE CONSULTATION FOR A										
	NEW OR ESTABLISHED										
99242	PATIENT, W	PRIMARY PROCEDURE	99242			not available	not ava	ilable	not available		not available
	CYSTOURETHROSCOP										
	Y, WITH INSERTION										
52332	OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		\$	242.46	\$ 2	42.46	\$ 242.46	\$	242.46
32332	OKETERV	UROGRAPHY,	32332		+ -	212.10		12.10	γ 2-1210	· ·	212.10
		RETROGRADE, WITH									
		OR WITHOUT KUB	74420		\$	38.98	\$	38.98	\$ 38.98	\$	38.98
		INJECTION, MORPHINE SULFATE,									
		UP TO 10 MG	J2270			not available	not ava	ilable	not available		not available
	SEVERE ACUTE	01 10 10 1010	32270			not available	1100 444	nabic	not available		not available
	RESPIRATORY										
	SYNDROME										
01200	CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91300			not available	not ava	ilablo	not available		not available
91300	(SARS-C	OFFICE OR OTHER	91300			not available	HOL ava	iiabie	not available		not available
		OUTPATIENT VISIT									
		FOR THE EVALUATION			١.						
	DNE IN ACCOCCAT	AND	99213		\$	105.31	\$ 1	05.31	\$ 105.31	\$	105.31
	PNEUMOCOCCAL POLYSACCHARIDE										
	VACCINE, 23-VALENT										
90732	(PPSV23)	PRIMARY PROCEDURE	90732			not available	not ava	ilable	not available		not available
		IMMUNIZATION									
		ADMINISTRATION									
		(INCLUDES PERCUTANEOUS, INT	90471		\$	27.78	\$	27.78	\$ 27.78	\$	27.78
		OFFICE OR OTHER	30 1		+ -	27.70	-		27.73	Ψ	27.75
		OUTPATIENT VISIT									
		FOR THE EVALUATION			١.						
		AND	99213		\$	105.31	\$ 1	05.31	\$ 105.31	\$	105.31
	CYSTOURETHROSCOP				1						
	Y, WITH										
	URETEROSCOPY										
52356	AND/OR PYELOSCOPY;		52356		\$	643.38	\$ 6	43.38	\$ 643.38	\$	643.38
		ANESTHESIA FOR LITHOTRIPSY,									
		EXTRACORPOREAL									
		SHOCK WAVE;	00872			not available	not ava	ilable	not available		not available
		FLUOROSCOPY									
		(SEPARATE PROCEDURE), UP TO 1									
		HOUR PHYSICIA	76000		\$	23.94	\$	23.94	\$ 23.94	Ś	23.94
					1 '	==:2 :				•	

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
Code	Service Category		code	Note	Fiolessional	Professional	Fioressional	Fiolessional
		ELECTROCARDIOGRA M, ROUTINE ECG						
		WITH AT LEAST 12						
		LEADS;	93005		\$ 10.4	7 \$ 10.47	\$ 10.47	\$ 10.47
		LLADS,	33003		γ 10.4	7 7 10.47	7 10.47	Ş 10.47
		CALCULUS; INFRARED						
		SPECTROSCOPY	82365		not availab	e not available	not available	not available
		INJECTION,						
		SUCCINYLCHOLINE						
		CHLORIDE, UP TO 20						
		MG	J0330		not availab	e not available	not available	not available
		INJECTION,						
		CEFTRIAXONE						
		SODIUM, PER 250 MG	J0696		not availab	e not available	not available	not available
		INJECTION,						
		PROCHLORPERAZINE,						
		UP TO 10 MG	J0780		not availab	e not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not availab	e not available	not available	not available
		INJECTION,						
		MEPERIDINE						
		HYDROCHLORIDE, PER						
		100 MG	J2175		not availab	e not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER	12250		net eveileb	a not available	not ovoilable	net eveileble
		1 MG INJECTION,	J2250		not availab	e not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not availab	e not available	not available	not available
		INJECTION,	32103		not availab	io not available	not available	not available
		PROPOFOL, 10 MG	J2704		not availab	e not available	not available	not available
		INJECTION,	32701		1100 0101102	1100 0 1010	not available	1100 010110210
		METOCLOPRAMIDE						
		HCL, UP TO 10 MG	J2765		not availab	e not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not availab	e not available	not available	not available
	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND							
97802	INTER	PRIMARY PROCEDURE	97802		\$ 52.5	7 \$ 52.57	\$ 52.57	\$ 52.57
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 477.7			
						1		
		GASES, BLOOD, ANY COMBINATION OF PH,	92992		mat = ::=!! !	not	mak availal l	mak at the little
		PCO2, PO2, CO2, HC	82803		not availab	e not available	not available	not available

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		\$ 185.29	\$ 185.29	\$ 185.29	\$ 185.29
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND						
		MAN INJECTION, ONABOTULINUMTOXI	G0463		not available	not available	not available	not available
		NA, 1 UNIT	J0585		not available	not available	not available	not available
93247	HIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		not available	not available	not available	not available
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH							
93289	ANALYS LAPAROSCOPY,	PRIMARY PROCEDURE	93289		\$ 58.46	\$ 58.46	\$ 58.46	\$ 58.46
58661	SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$ 1,038.43	\$ 1,038.43	\$ 1,038.43	\$ 1,038.43
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		n/a	n/a	n/a	n/a
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG INJECTION, MIDAZOLAM	J1100		not available	not available	not available	not available
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC	DDIMADY DBOCEDI IDE	11055		¢ 24.04	\$ 24.04	\$ 24.04	¢ 24.04
11055		PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	11055		\$ 24.81	\$ 24.81	\$ 24.81	\$ 24.81
		AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31

					Al	NTHEM BLUE CROSS	А	NTHEM BLUE		Maximum		Minimum
						(Medicare Advantage)	(CROSS Commercial)	N	egotiated Rate	Ne	gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pı	rofessional**	Р	rofessional**	F	Professional**	Pi	rofessional**
	INJECTION(S); SINGLE											
	OR MULTIPLE TRIGGER POINT(S), 3											
20553		PRIMARY PROCEDURE	20553		\$	67.88	\$	67.88	\$	67.88	\$	67.88
		ULTRASONIC										
		GUIDANCE FOR NEEDLE PLACEMENT										
		(EG, BIOPSY, A	76942		\$	48.28	\$	48.28	\$	48.28	\$	48.28
	ESOPHAGEAL											
	MOTILITY											
	(MANOMETRIC STUDY				١.							
91010	OF THE ESOPHAGUS INJECTION,	PRIMARY PROCEDURE	91010		\$	103.70	\$	103.70	\$	103.70	\$	103.70
	MIDAZOLAM											
	HYDROCHLORIDE, PER		10050									
J2250	1 MG	PRIMARY PROCEDURE	J2250		-	not available		not available		not available		not available
		INJECTION, FENTANYL										
	REMOVAL OF	CITRATE, 0.1 MG	J3010		-	not available		not available		not available		not available
	TUNNELED CENTRAL											
	VENOUS CATHETER,				١.							
36589	WITHOUT SU	PRIMARY PROCEDURE REMOVAL OF	36589		\$	217.64	\$	217.64	\$	217.64	\$	217.64
		TUNNELED										
		INTRAPERITONEAL	40.400			244.52		244.52		244.52		244-52
	COLONOSCOPY,	CATHETER	49422		\$	344.52	\$	344.52	\$	344.52	\$	344.52
	FLEXIBLE; WITH											
45204	REMOVAL OF TUMOR(S), POLYP(DDIMANDY DDOCEDUDE	45304		_ ا	250.07	۲	250.07	۲	259.07	Ļ	250.07
45384	TOWOR(S), POLYP(PRIMARY PROCEDURE	45384		\$	358.97	\$	358.97	\$	358.97	\$	358.97
		LEVEL IV - SURGICAL										
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	59.09	¢	59.09	خ	59.09	¢	59.09
		INJECTION,	00303		+ -	33.03	7	33.03	7	33.03	· ·	33.03
	1	MIDAZOLAM										
		HYDROCHLORIDE, PER 1 MG	J2250			not available		not available		not available		not available
		-										
		INJECTION, FENTANYL	12010			net eveileble		not available		nat available		nat available
	ECHOCARDIOGRAPHY,	CITRATE, 0.1 MG	J3010		-	not available		not available		not available		not available
	FETAL,											
76825	CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$	127.15	ς	127.15	\$	127.15	¢	127.15
70023	J. J. LITT, NEAL II	OFFICE OR OTHER	, 5625		+ -	127.13		127.13	7	127.13	7	127.13
		OUTPATIENT VISIT										
		FOR THE EVALUATION AND	99205		\$	288.99	\$	288.99	\$	288.99	\$	288.99
	HUMAN		23203		+	_55.55	T		-		-	
	PAPILLOMAVIRUS											
90651	VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651			not available		not available		not available		not available
		IMMUNIZATION										
		ADMINISTRATION (INCLUDES										
		PERCUTANEOUS, INT	90471		\$	27.78	\$	27.78	\$	27.78	\$	27.78

					(M	HEM BLUE CROSS ledicare vantage)		NTHEM BLUE CROSS Commercial)	Ne	Maximum egotiated Rate	N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Prof	essional**	Pr	ofessional**	Р	Professional**	F	Professional**
	corride datagory	OFFICE OR OTHER	550.5		1101			0.000.0			-	
		OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99213		\$	105.31	\$	105.31	\$	105.31	\$	105.31
	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S),											
36902	DIALYSIS	PRIMARY PROCEDURE	36902		\$	369.03	\$	369.03	\$	369.03	\$	369.03
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND INTE	74425		\$	37.86	\$	37.86	\$	37.86	\$	37.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER										
		1 MG	J2250			not available		not available		not available		not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available		not available		not available		not available
	PROPHYLAXIS OF RETINAL DETACHMENT (EG,											
67145	RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$	351.77	\$	351.77	\$	351.77	\$	351.77
02550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$	36.51	\$	36.51	\$	36.51	\$	36.51
32330	IN LASONEWIS	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	32330		7	30.31	7	30.31	<u> </u>	50.51	7	30.31
		SPEEC	92557		\$	51.70	\$	51.70	\$	51.70	\$	51.70
	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG,											
67210	MACULAR	PRIMARY PROCEDURE	67210		\$	804.11	\$	804.11	\$	804.11	\$	804.11
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$	122.22	\$	122.22	\$	122.22	\$	122.22
	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR				·		•		·			
58571		PRIMARY PROCEDURE	58571		\$	1,454.12	\$	1,454.12	\$	1,454.12	\$	1,454.12
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$	125.68	\$	125.68	\$	125.68	\$	125.68
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$	130.25	\$	130.25	Ś	130.25	\$	130.25
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		7	not available		not available	,	not available	<u>,</u>	not available
	I	1200 1410	30030			available		not available		not available		not available

OLIVE VIEW-UCLA MEDICAL CENTER MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE*

EFFECTIVE JANUARY 1, 2023 UPDATED AS OF 12/15/2022

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
Couc	Scrvice category	INJECTION,	Couc	14012	Troicssional	Troicssionar	Troicssionar	Troressionar
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION,	J2405		not available	not available	HOL available	HOL available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION,	32701		not available	1100 010110210	1100 010110210	
		NEOSTIGMINE						
		METHYLSULFATE, UP						
		TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		GLYCOPYRROLATE,						
		INHALATION						
		SOLUTION,						
		COMPOUNDED	17642		not available	nat available	nat available	net eveileble
	VISUAL FIELD	PRODUCT	J7642		not available	not available	not available	not available
	EXAMINATION,							
	UNILATERAL OR							
92082	BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$ 32.84	\$ 32.84	\$ 32.84	\$ 32.84
	IRIDOTOMY/IRIDECTO							
	MY BY LASER							
	SURGERY (EG, FOR							
66761	GLAUCOMA	PRIMARY PROCEDURE	66761		\$ 382.55	\$ 382.55	\$ 382.55	\$ 382.55
	CYSTOURETHROSCOP							
	Y, WITH INJECTION(S)							
F2207	FOR CHEMODENERVATI	DDIMANDY DDOCEDLIDE	F2207		6 202.11	\$ 263.11	ć 262.11	ć 202.11
32207	CHEINIODENERVATI	PRIMARY PROCEDURE HOSPITAL	52287		\$ 263.11	\$ 263.11	\$ 263.11	\$ 263.11
		OUTPATIENT CLINIC						
		VISIT FOR						
		ASSESSMENT AND						
		MAN	G0463		not available	not available	not available	not available
		INJECTION,						
		ONABOTULINUMTOXI						
		NA, 1 UNIT	J0585		not available	not available	not available	not available
		INJECTION, LIDOCAINE						
		HCL FOR						
		INTRAVENOUS	12004		not available	net available	net available	net available
		INFUSION, 10 M	J2001		not available	not available	not available	not available
	CATHETER							
	PLACEMENT IN							
	CORONARY ARTERY(S)							
93460	FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 575.58	\$ 575.58	\$ 575.58	\$ 575.58

OLIVE VIEW-UCLA MEDICAL CENTER

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
		BASIC METABOLIC						
		PANEL (CALCIUM,						
		TOTAL) THIS PANEL	00040		9.11	9.11	9.11	9.11
		MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000 UNITS	J1644		net eveileble	not available	not available	net eveileble
		INJECTION,	J1044		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		TIVIO	12230		Tiot available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT;	33010		not available	not available	not available	not available
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
		- , -,						
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	REPAIR OF COMPLEX							
	RETINAL							
	DETACHMENT (EG,							
67113	PROLIFERATIVE	PRIMARY PROCEDURE	67113		\$ 2,128.50	\$ 2,128.50	\$ 2,128.50	\$ 2,128.50
		VITRECTOMY,						
		MECHANICAL, PARS						
		PLANA APPROACH;						
		WITH ENDOL	67040		\$ 1,660.37	\$ 1,660.37	\$ 1,660.37	\$ 1,660.37
		INJECTION OF						
		VITREOUS SUBSTITUTE, PARS						
		PLANA OR LIMBAL	67025		\$ 1,017.12	\$ 1,017.12	\$ 1,017.12	\$ 1,017.12
		INTRAVITREAL	67023		\$ 1,017.12	\$ 1,017.12	\$ 1,017.12	\$ 1,017.12
		INJECTION OF A						
		PHARMACOLOGIC						
		AGENT (SEPARA	67028		\$ 145.77	\$ 145.77	\$ 145.77	\$ 145.77
		INJECTION,	2.020		1 2.5.77	. 2.5.,,	1.5.77	. 2.5.77
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO						
		1000 CC	J7120		not available	not available	not available	not available
	PREVENTIVE MEDICINE COUNSELING AND/OR							
99401	-	PRIMARY PROCEDURE	99401		not available	not available	not available	not available
33401		MEDICAL GENETICS AND GENETIC	33401		not available	not available	not available	not available
		COUNSELING						
		SERVICES, EACH	96040		not available	not available	not available	not available
		JENVICES, EACH	30040	Page 33 of		not available	I IOL AVAIIADIE	HOL available

MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE*

EFFECTIVE JANUARY 1, 2023 UPDATED AS OF 12/15/2022

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
	BRONCHOSCOPY, RIGID OR FLEXIBLE,							
	INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 210.39	\$ 210.39	\$ 210.39	\$ 210.39
		INFECTIOUS AGENT			7 ======	7	7	7
		ANTIGEN DETECTION BY						
		IMMUNOFLUORESCE						
		NT	87281		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY						
		TECHN	87305		not available	not available	not available	not available
		CULTURE, TUBERCLE OR OTHER ACID-FAST						
		BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		CULTURE, FUNGI (MOLD OR YEAST)						
		ISOLATION, WITH PRESUMPT	87102		not available	not available	not available	not available
		INJECTION, MIDAZOLAM	87102		not available	HOL available	Hot available	not available
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		11110	32230		not available	not available	not available	110t d validate
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH	87013		not available	not available	not available	not available
		INTERPRETATION; FLUORESCENT	87206		not available	not available	not available	not available
		CULTURE, BACTERIAL; ANY OTHER SOURCE						
		EXCEPT URINE, BLOO	87070		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION;						
		GRAM OR GIEM	87205		not available	not available	not available	not available
		CELL COUNT,						
		MISCELLANEOUS						
		BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
	REMOVAL OF IMPLANT; DEEP (EG,	CEREBROSI IIVA	33030		not available	not available	not available	not available
	BURIED WIRE, PIN,	DDIMARY DDOCEDURE	20000		6 675.25	ć 675.35	6 675.55	ć 675.55
20680	SCREW,	OFFICE OR OTHER OUTPATIENT VISIT	20680		\$ 675.35	\$ 675.35	\$ 675.35	\$ 675.35
		FOR THE EVALUATION	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
	BIOPSY, MUSCLE,		33213		7 103.51	÷ 105.51	103.31	÷ 105.51
	PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 90.89	\$ 90.89	\$ 90.89	\$ 90.89

OLIVE VIEW-UCLA MEDICAL CENTER

MEDICARE AND COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE* **EFFECTIVE JANUARY 1, 2023 UPDATED AS OF 12/15/2022**

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Pr	ofessional**	Professional**	Professional**	Professional**
		COMPUTED TOMOGRAPHY							
		GUIDANCE FOR							
		NEEDLE PLACEMENT (EG,	77012		\$	111.37	\$ 111.37	\$ 111.37	\$ 111.37
		COMPUTED							·
		TOMOGRAPHY, PELVIS; WITH CONTRAST							
		MATERIAL(S)	72193		\$	88.27	\$ 88.27	\$ 88.27	\$ 88.27
		IMMUNOHISTOCHEMI							
		STRY OR IMMUNOCYTOCHEMI							
		STRY, PER SPECIM	88341		\$	44.28	\$ 44.28	\$ 44.28	\$ 44.28
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS	22225					4 50.00	
		AND MICROSCOPIC EX	88305		\$	59.09	\$ 59.09	\$ 59.09	\$ 59.09
		STRY OR							
		IMMUNOCYTOCHEMI STRY, PER SPECIM	88342		\$	54.66	\$ 54.66	\$ 54.66	\$ 54.66
		INJECTION,	88342		7	54.00	3 34.00	Ç 34.00	3 34.00
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250			not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
		CITRATE, U.1 MIG	13010			not available	not available	not available	not available
	SURGICAL REMOVAL								
	OF PROSTATE AND SURROUNDING			This procedure was					
	LYMPH NODES USING			provided in inpatient					
55866	AN ENDOSCOPE			setting only		n/a	n/a	n/a	n/a
	ROUTINE OBSTETRIC								
	CARE FOR CESAREAN								
	DELIVERY, INCLUDING PRE-AND POST-			This procedure was provided in inpatient					
	DELIVERY CARE			setting only		n/a	n/a	n/a	n/a
	ROUTINE OBSTETRIC								
	CARE FOR VAGINAL								
	DELIVERY AFTER								
	PRIOR CESAREAN DELIVERY INCLUDING			This procedure was					
	PRE-AND POST-			provided in inpatient					
	DELIVERY CARE			setting only		n/a	n/a	n/a	n/a
	OBSTETRIC BLOOD TEST PANEL			Not offered		n/a	n/a	n/a	n/a

Footnotes:

^{*} Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".

^{**} Professional Contract Rates are based on the contract terms, using 146% California, Area 18, 2022 Part B Medicare Professional Fee Schedule, effective January 1, 2022.